

RESEARCH ARTICLE :

Relationship between perceived usefulness of Yashaswini Health Scheme and socio-economic characteristics of farmers

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SUMMARY : Health is one of the vital indicators of human development. Health standards in India have improved considerably since independence. The efforts of the government and other agencies engaged in expanding the health infrastructure have paid off well as evidenced by the improvement in some of our health indicators. Government has made deeper inroad into rural areas with focused schemes like the Yashaswini and even started a scheme for health insurance for the poor population. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers' doorstep in the state. A study was conducted to analyze the perceived usefulness of Yashaswini Health Scheme during 2012-13 in Belgaum district of Karnataka state. Purposive random sampling technique was used for the selection of four blocks *i.e.*, Ramdurg, Savadatti, Gokak, and Bailhongal. One hundred and twenty farmers from eight villages were selected from four taluks. Age, education, family size, farming experience, mass media exposure and organizational participation showed significant relationship with awareness level. Whereas, family type, land holding annual income had no significant relation with awareness level of the beneficiaries. Age, education, family size, farming experience, organizational participation, showed positively significant relationship with perceived usefulness of the beneficiaries.

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BACKGROUND AND OBJECTIVES

Health is one of the vital indicator of human development. Health standards in India have improved considerably since independence. The concerned efforts of the government and other agencies are activities engaged in expanding the health infrastructure have paid off well as evidenced by the improvement in some of our health indicators.

Government has made deeper inroad into rural areas with focused schemes like the Yashaswini and have even started a scheme for health insurance for the poor population.

There are huge regional disparities in health standards in the country and huge gaps in the health care infrastructure, in rural areas. Therefore, a lot needs to be done in these areas. India is committed to achieve the

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millennium health development goals set for 2015 which includes reducing infant and child mortality rate by two thirds and reduction of maternal mortality rate by three quarters.

The Yashaswini health scheme to carry out necessary architectural correction in the basic health care system. The scheme adopts a synergist approaches by relating health to determinants of good health *viz.*, major and minor surgeries, free outpatient consultation, etc. The plan of action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structure, optimization of health man power, decentralization and district management of health programme, community participation and ownership of assets, induction of management and financial personnel into district health system and operationalizing community health centers into functional hospitals are together meeting Indian public health standards in each block of country.

Stepping back, the key story in this model is the law of large numbers being effectively used to provide a high degree of health security to the poorest populations of the world. This is not a new story, to be sure. The key innovative aspect is the success in mobilizing these large numbers, who are geographically dispersed. The key lesson here is that existing organizations that connect people must be drafted as a means through which health security can be introduced. The transferability of schemes like this depends almost entirely on such organizations existing among the target population, and the existence of health care infrastructure of a reasonable kind. The second key lesson is that there needs to be a methodology by which the subscriptions can be collected from poor people from dispersed rural and informal sectors *i.e.*, we need a system to collect their contributions (which research shows they are more than willing to pay) and to enroll people in the system. Essentially, what is required in each state is a “health care backbone”, a system that attracts patients and provides hospitals. What we learn from this case is that providing health security to large sections of the population in developing countries depends less on the resources, but more on mobilizing capacity and organization. To be sure a health care infrastructure is a necessary condition, but it is not a sufficient one. And, given a large enough subscriber base, that infrastructure can be built. This is an instance where

India’s large population, normally seen as a negative, can be a valuable resource increasing social health. Further, given that 70 per cent of the world’s population does not have any health security, schemes like this break valuable new ground in providing health security where it is sorely needed.

The back bone of Indian economy is the farming community. And rightly so, it deserves to be treated well. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers doorstep in the state. The goal of the scheme is improve the availability and access to quality health care by people, especially for those residing rural areas, the poor, women and children.

While monitoring frame work under Yashaswini health scheme is being development. In view of above mentioned facts, the present study on awareness and usefulness of Yashaswini co-operative farmers health scheme by the beneficiaries has been take up to study the relationship between perceived usefulness of the Yashaswini scheme and socio economic characteristics of the farmers.

RESOURCES AND METHODS

The present study was conducted during the year 2012-2013 in Belgaum district of Karnataka state. Purposive random sampling technique was used for the selection of four blocks *i.e.*, Ramdurg, Savadatti, Gokak, and Bailhongal.

Keeping in mind the objective of the study, an interview schedule was structured. Based on the experience gained in pretesting the schedule was modified and standardized. Using this interview schedule, the required data were collected by personal interview method. Data were coded, tabulated, analyzed and interpreted using suitable statistical parameter.

OBSERVATIONS AND ANALYSIS

It is evident from the Table 1 that, age, education, family size, farming experience, mass media exposure, and organizational participation expressed positive and significant relation with awareness about the scheme at 5 per cent level of probability. Family type, land holding and annual family income did not express any kind of relation with the awareness of the scheme.

Age and awareness of the scheme :

The findings in the Table 1 showed significant and positive relationship between age and awareness of Yashaswini health scheme beneficiaries. It is evident that aged old respondents are frequently got illness and conscious about their health. Therefore, there existed significant and positive relationship between age and awareness of Yashaswini health scheme.

Education and awareness of the scheme :

A significant relationship was found between education and awareness of Yashaswini health scheme. It is evident that even though most of the respondents are illiterate but more than one fourth of respondents are above the higher education and exposure to the mass media, advertisement and attending the meeting of co-operative societies and other organizations. Therefore, there existed significant and positive relationship between education and awareness of Yashaswini health scheme.

Family size and awareness of the scheme :

There was positive and significant relationship between family size and awareness of Yashaswini health

scheme. It is evident that if the family size is more, then the negligence of health care and also if the size is more than one or other member to the family is aware about the scheme and inform to all.

Farming experience and awareness of the scheme:

There was positive and significant relationship between farming experience and awareness of Yashaswini health scheme. It is evident that farmers were attending the farm activities and they become ill in one or other aspects, during the farm operation due to the reason to get the treatments for free of cost.

Mass-media exposure and awareness of the scheme:

A significant relationship was found between mass media exposure and awareness of respondents at 5 per cent of probability, indicating that higher the mass media participation more will be the possession of awareness regarding yashaswini scheme. In the present study considerable percentage of the respondents possessed higher mass media channels exposure like television (99.16%) and radio (21.66%) helping the respondents to

Table 1 : Relationship between awareness and socio-economic characteristics of beneficiary farmers of Yashaswini Health Scheme

Characters	Correlation co-efficient (r value)
Age	0.119*
Education	0.195*
Family size	0.120*
Family type	-0.062
Farming experience	0.294*
Land holding	0.057
Annual family income	-0.107
Mass media exposure	0.279*
Organizational participation	0.116*

* and ** indicate significance of values at P=0.05 and 0.01, respectively NS = Non-significant

Table 2 : Relationship between perceived usefulness of the Yashaswini Health Scheme and socio economic characteristics

Characters	Correlation co-efficient (r value)
Age	0.114*
Education	0.029
Family size	-0.189*
Family type	0.158
Farming experience	0.015
Land holding	0.079
Annual family income	-0.086
Mass media exposure	0.155*
Organizational participation	0.070

* and ** indicate significance of values at P=0.05 and 0.01, respectively NS = Non-significant

gain information. In addition, the respondents did use the mass media channels mainly television and radio installed at community level also. The discussion followed after listening/viewing the programmes, have contributed to a greater extent in getting awareness regarding the scheme. Hence, those members who had higher exposure of mass media exhibited higher awareness. Similar findings were reported by Bheemappa (2006) and Kenchanagoudra (2007) who found significant association between knowledge level and mass media exposure.

Organizational participation and awareness of the scheme :

A significant relationship was found between organizational participation and awareness of respondents towards Yashaswini scheme. In this aspects many NGO institution they were taken part in this schemes, for this the respondents are likely to aware about how and where to get health insurance and well be motivated to go for health insurance to the public. Similar findings were reported by Kuruvilla and Liu (2005)

Relationship between perceived usefulness of the Yashaswini scheme and socio economic characteristics of the farmers :

It is evident from the Table 2 that, findings pertaining to degree of relationship between perceived usefulness and socio economic variables towards Yashaswini health scheme. Among the variables considered age, education, family size, farming experience, organizational participation had significant relationship at five per cent level. Family type, land holding and annual income, mass media exposure had non significant relationship with perceived usefulness of the scheme.

Age and perceived usefulness of the scheme :

The findings in the Table 2 showed significant and positive relationship between age and perceived usefulness of the Yashaswini health scheme beneficiaries. It is evident that as people aged, their health status will deteriorate, and has ample empirical evidence to substantiate giving a strong positive relationship with usefulness of the health scheme. Similar findings were reported by Vellakkal (2007)

Family size and perceived usefulness of the scheme:

The findings in the Table 2 showed positive and

significant relationship between family size and perceived usefulness of the Yashaswini health scheme. It is evident that if the family size is more they were not able to pay hospital bill so they came to using the scheme. Therefore, their existed relationship between family size and usefulness of Yashaswini health scheme. Similar findings were reported by Gumber and Kulkarni (2000).

Farming experience and perceived usefulness of the scheme :

A positive and significant relationship was found between farming experience and perceived usefulness of Yashaswini health scheme. It is evident that more farming experience they will get more hospitalization. Therefore, their existed relationship between farming experience and usefulness of Yashaswini health scheme.

Organizational participation and perceived usefulness of the scheme :

A positive and significant relationship was found between organizational participation and perceived usefulness of Yashaswini health scheme. It was evident that the Yashaswini card holders were in more contact with the co-operative society about the scheme and more participation in organization. Therefore, their existed relationship between organization and usefulness of Yashaswini health scheme. Similar findings were reported by Similar findings were reported by Gumber and Kulkarni (2000).

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